

Reality check: Circumcision, South Africa, HIV/AIDS

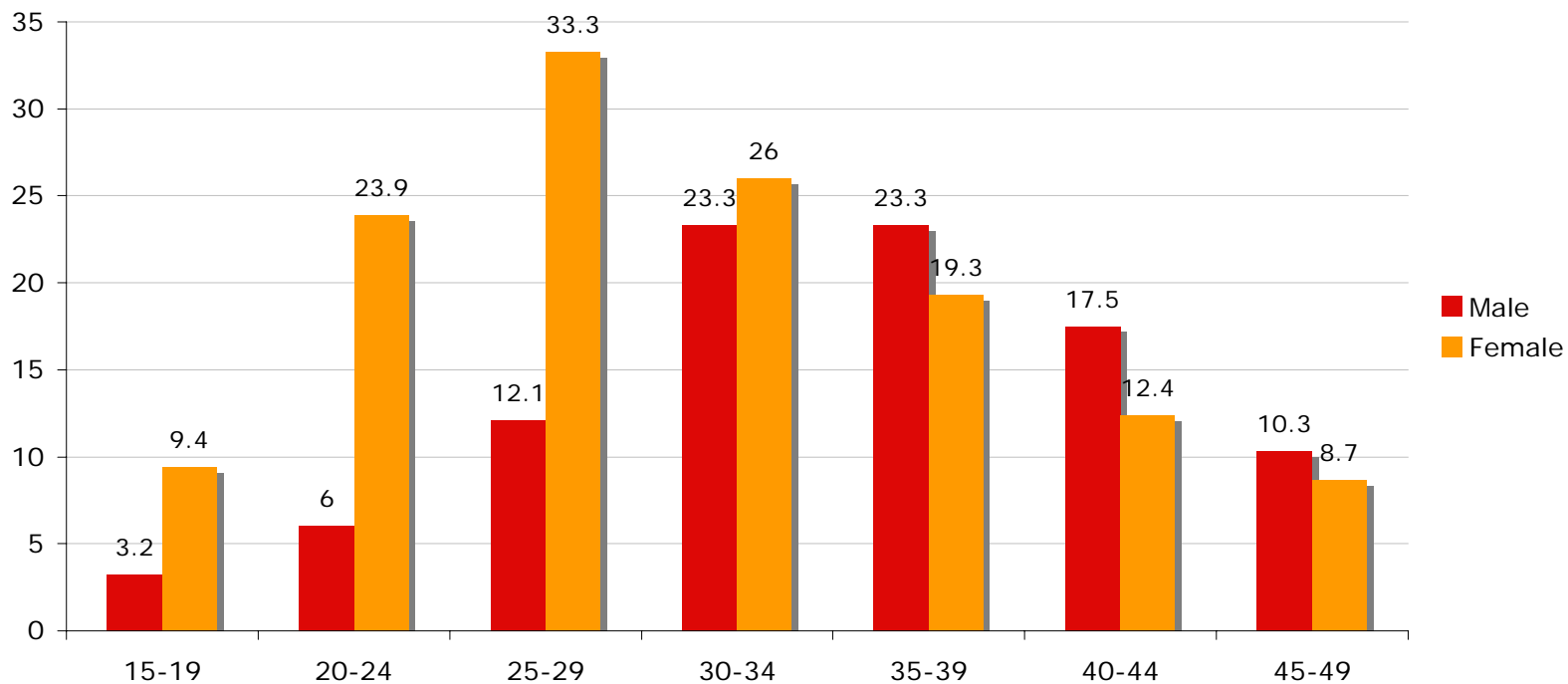


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Epidemiology of HIV in SA

- Overall HIV prevalence very high (NM/HSRC 2005)
 - 10.3% for young people 15-24
 - 20.0% for adults 25-49
- Major disparities by sex (NM/HSRC 2005)
 - 15-19 females, 9.4%; males 3.2%
 - 20-24 females 23.9%; males 6.0%
 - 25-29 - females, 33.3%; males 12.1%

HIV: Sex and age distribution



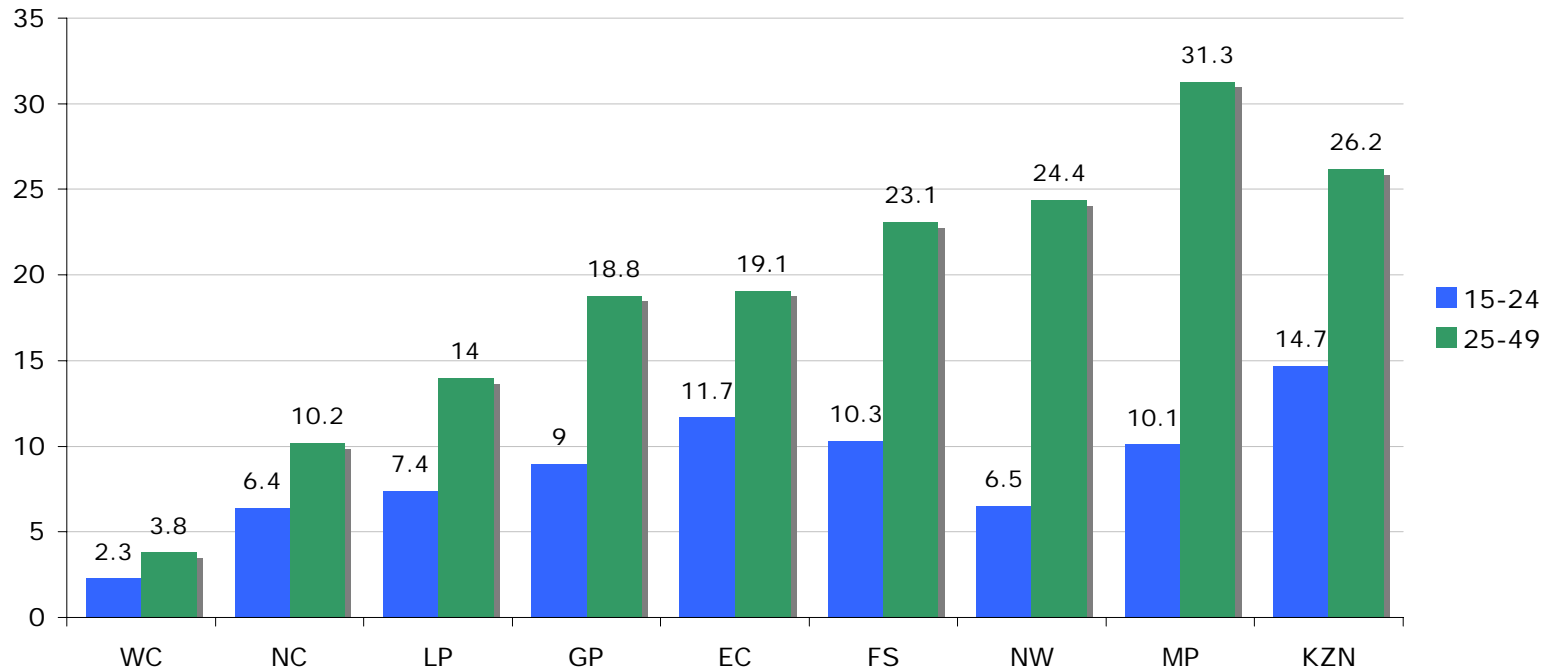
NM/HSRC 2005

Epidemiology of HIV in SA

Major disparities by locale/residence geotype

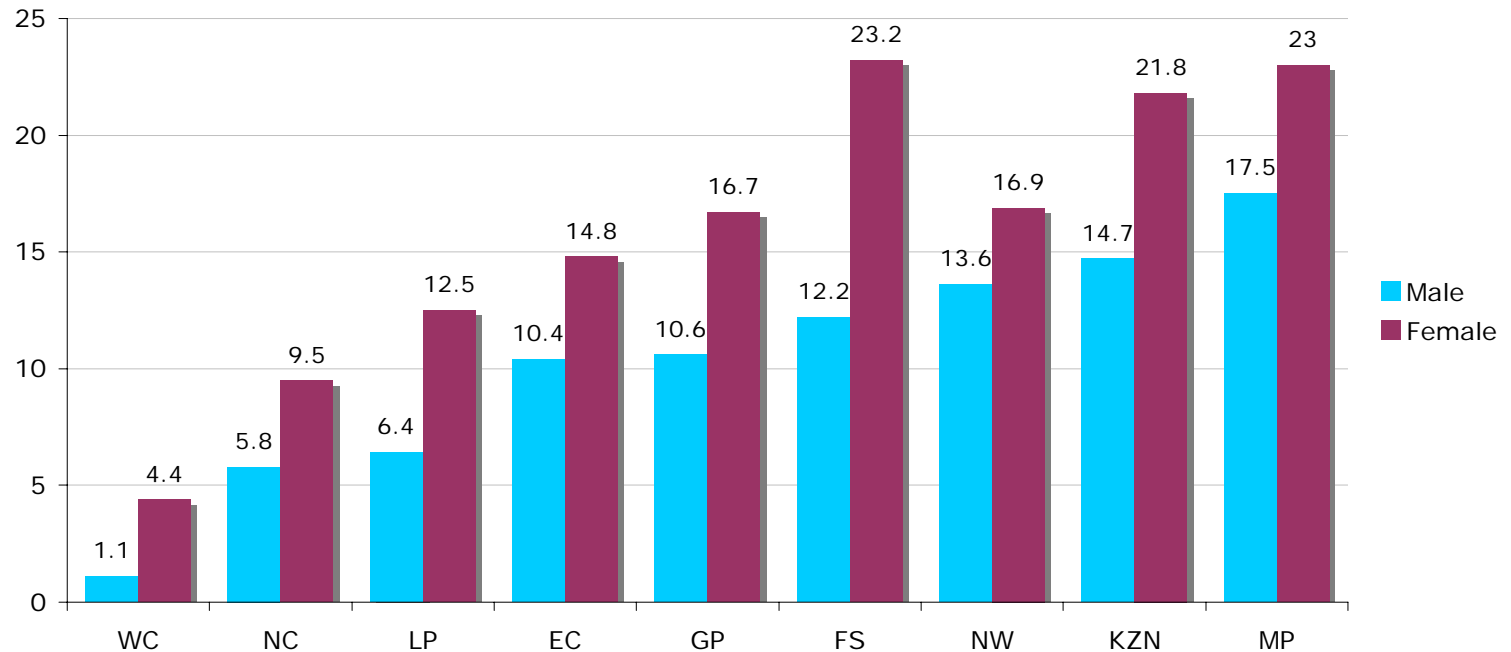
- wide variations in provincial prevalence
(3.2% WC -23.1% MP in 15-49 age range)
- wide variations in urban / urban informal / rural
(13.9% Urban formal - 25.8% Urban informal)

HIV: Provincial distribution by age



NM/HSRC 2005

HIV: Provincial distribution by sex



NM/HSRC 2005

Circumcision: Issues (1)

- Massive epidemic, high prevalence – have to focus on the big hitters
 - partner reduction (reduce exposure)
 - correct / consistent condom use
(very well established system, insufficient apparent impact on prevalence, space to improve)
 - work closely with PLHA on prevention
(currently marginalised)

Condom use

Variable	Male		Female	
	n	%	n	%
Total	3 863	38.1	5393	32.8
Age group				
15-24	976	72.8	1 410	55.7
25-49	2 075	35.3	3 241	29.1
50+	812	8.6	742	5.3
Race				
African	2 239	43.6	3 281	38.1
White	482	16.7	660	15.2
Coloured	730	22.3	914	12.6
Indian	406	34.5	524	10.1
Sexual activity				
One partner	3 802	33.4	5 159	32.4
Multiple partners	538	62.3	135	46.6

NM/HSRC 2005

Circumcision: Issues (2)

- Epidemiological impacts of 'lifetime risk' whether circumcised or not are unclear (relative to conclusion about short-term incidence impact)
 - EC with very high male circumcision levels amongst adult Xhosa males (circumcised at 16-18) and Xhosa males = 83% of all males in province, EC does not stand out on provincial prevalence
- Inevitable slow roll out
 - five years or more to optimal levels
 - higher proportion of circumcisions likely to be HIV positive males
- Very low impact likely on incidence of females

Circumcision: Issues (3)

- Communication of rationale for circumcision highly problematic and could lead to confusion
 - lower protection than consistent condom use, and persons circumcised would have to be counselled to continue to use condoms consistently and correctly
 - presumed lower transmission risk may disincentivise condom use amongst existing circumcised men and men newly circumcised
 - women may be less empowered to insist on condom use than at present
 - widespread promotion of 'circumcision' as a core prevention method may overwhelm promotion of primary and urgent interventions (partner reduction; consistent/correct use)

Way forward

- Recognise high overall HIV prevalence and complexities in turning around an epidemic of this scale in SA
- Focus on primary areas of intervention (Partner reduction; correct/consistent condom use; and address female vulnerability)
- Complex to communicate concept of 'partial protection'. Research into understanding of 'message' crucial
- Recognise circumcision as a secondary prevention method, highlighting very limited preventive impact on women (and men) relative to correct/consistent condom use, circumcised or not
- Situation is delicate, risks are high, proceed cautiously